

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 1819/100171						
<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.  Signature: _____ Name: _____	In re Application of Nabil Nasr et al.  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number 09/825,218</td> <td style="padding: 2px;">Filed April 3, 2001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For A METHOD AND SYSTEM FOR ASSESSING REMANUFACTURABILITY OF AN APPARATUS</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 2123</td> <td style="padding: 2px;">Examiner Russell L. Guill</td> </tr> </table>		Application Number 09/825,218	Filed April 3, 2001	For A METHOD AND SYSTEM FOR ASSESSING REMANUFACTURABILITY OF AN APPARATUS		Group Art Unit 2123	Examiner Russell L. Guill
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For A METHOD AND SYSTEM FOR ASSESSING REMANUFACTURABILITY OF AN APPARATUS								
Group Art Unit 2123	Examiner Russell L. Guill							
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ _____  <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) (\$170 – two month extension of time fee minus \$60 paid for one-month extension of time) \$ <u>170</u>  <input type="checkbox"/> Second and Third month (37 CFR 1.17(a)(3)) - (\$525/\$1050) \$ _____  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) \$ _____  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) \$ _____         </div> <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> Applicant claims small entity status.  <input type="checkbox"/> A check to cover the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.         </div> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <table style="width: 100%; margin-left: 100px;"> <tr> <td style="width: 50%; text-align: center;">         _____          /Gunnar G. Leinberg/          Signature       </td> <td style="width: 50%; text-align: center;">         _____          July 30, 2008          Date       </td> </tr> <tr> <td style="width: 50%; text-align: center;">         _____          Gunnar G. Leinberg          Typed or printed name       </td> <td style="width: 50%; text-align: center;">         _____          (585) 263-1014          Telephone Number       </td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			_____ /Gunnar G. Leinberg/ Signature	_____ July 30, 2008 Date	_____ Gunnar G. Leinberg Typed or printed name	_____ (585) 263-1014 Telephone Number		
_____ /Gunnar G. Leinberg/ Signature	_____ July 30, 2008 Date							
_____ Gunnar G. Leinberg Typed or printed name	_____ (585) 263-1014 Telephone Number							
<input type="checkbox"/> Total of _____ forms are submitted.								

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